

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ZOOM LENS APPARATUS
Attorney Docket Number::	8011-1015
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: SHIGERU
Middle Name::
Family Name:: YOSHIDA
City of Residence:: SAITAMA-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing 1-324 UETAKE-CHO
Address:: KITA-KU, SAITAMA

City of Mailing Address:: SAITAMA-SHI
State or Province of Mailing Address::
Country of Mailing Address:: JAPAN
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: JAPAN
Status:: Full Capacity
Given Name:: TAKAHIRO
Middle Name::
Family Name:: SHIMAKURA
City of Residence:: SAITAMA-SHI
State or Province of
Residence::
Country of Residence:: JAPAN
Street of Mailing 1-324 UETAKE-CHO
Address:: KITA-KU, SAITAMA
City of Mailing Address:: SAITAMA-SHI
State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	2002-202909	7/11/02	Yes

Assignment Information

Assignee Name:: FUJI PHOTO OPTICAL CO., LTD

Street of Mailing Address:: 1-324 UETAKE-CHO

KITA-KU, SAITAMA

City of Mailing Address:: SAITAMA-SHI

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address::